

# the **cahps** connection

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The Agency for Healthcare Research and Quality's **CAHPS® Connection** is an occasional update for the many users of CAHPS products and survey results. Its purpose is to help you stay informed about new CAHPS products, the product development work of the CAHPS Consortium, and various tools and resources that may be useful to you, such as workshops and educational materials.

Please feel free to pass on **The CAHPS® Connection**. If you would like to see previous issues, visit our Web site: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov). If you wish to receive e-mails and updates from the CAHPS User Network, contact us at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov).

## National Quality Forum Endorses CAHPS Ambulatory Care Measures

In July 2007, the National Quality Forum (NQF) endorsed several CAHPS surveys of ambulatory care:

- ♦ CAHPS Clinician & Group Survey (Adult Primary Care, Child Primary Care, and Adult Specialty Care questionnaires).
- ♦ CAHPS Health Plan Survey 4.0 (Adult questionnaire).
- ♦ NCQA's Supplemental Items (CAHPS 4.0H) for the CAHPS Health Plan Survey 4.0: Adult Questionnaire.
- ♦ CAHPS Health Plan Survey 3.0: Children with Chronic Conditions Item Set.
- ♦ Experience of Care and Health Outcomes (ECHO) Survey (the CAHPS survey of behavioral health care services).

The NQF also endorsed the CAHPS Hospital Survey in May 2005. Endorsement by the NQF means that these surveys have been evaluated against NQF's criteria of importance, scientific soundness, feasibility, and usability. Each one can now be regarded as a national consensus standard for patient experiences of care.



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## About the National Quality Forum

The National Quality Forum (NQF) is a private, not-for-profit, open membership organization established to promote consensus around health care quality measurement and reporting. Their membership comprises consumer groups, purchasers of health care, employers, health care professionals, and provider organizations as well as other organizations involved in health care research or quality improvement. For more information about the National Quality Forum, go to [www.qualityforum.org](http://www.qualityforum.org).

## The Endorsement Process

NQF uses a formal process when endorsing measures as consensus standards. The CAHPS surveys were endorsed using version 1.7 of the NQF consensus development process.

**Step 1: Initiating the Project.** This first step involves the submission of measures for consideration by NQF for potential endorsement. It is the responsibility of the measure developer or measure steward, who submits the measure specifications along with information on the scientific evidence, field testing, and any real-world experience with the measures. AHRQ and the CAHPS Consortium provided the NQF with the CAHPS instruments and administrative guidance as well as field test results, findings from cognitive testing, and other analyses.

**Step 2: Committee and Panel Review.** To begin the process, a Steering Committee is appointed to provide overall direction to the project and draft the charge to the technical advisory panel (TAP). The TAP consists of experts in the project's subject area who will participate in the evaluation of the measure. Once the

charge is given, members of the TAP review, evaluate, and debate the measure until they reach a consensus, which they provide as a recommendation back to the Steering Committee.

**Step 3: Membership and Public Comment.** The Steering Committee accepts or rejects the TAP's recommendations and decides whether to release the measure for public comment. AHRQ and the CAHPS Consortium responded to questions raised during public comment and provided additional information as needed. The Steering Committee reviews public comments and the measure developer's responses and decides whether to forward the measure to the NQF membership for a vote.

**Step 4: Membership Vote.** Through their councils, members vote on whether to accept the measure as a consensus standard. In version 1.7 of the NQF consensus development process, approval by a majority of the four councils is required in order for the measure to be recommended to the Board of Directors for endorsement. Once the measure is approved, it is advanced to the Board for consideration and NQF endorsement.

**Step 5: Ongoing Evaluation.** The final step is ongoing evaluation of the standard, including data collection, analysis, and reporting issues. NQF collects information on these matters and forwards it to the developer of the measure for further consideration. NQF measures are subjected to continuous evaluation.

## Future Endorsement Possibilities

AHRQ and the CAHPS Consortium have submitted the CAHPS In-Center Hemodialysis Survey to NQF for endorsement. The survey is now in the final stage of the process. AHRQ anticipates that endorsement of this and other instruments will drive awareness, acceptance, and use of the CAHPS surveys as a national standard.



## AHRQ Awards Cooperative Agreements and User Network Contract for CAHPS3

For the third phase of the CAHPS program, the Agency for Healthcare Research and Quality (AHRQ) has awarded grants to research teams from RAND and the Yale School of Public Health (with the Yale team continuing the program started at Harvard Medical School). These grants are 5-year cooperative agreements, in which AHRQ and the grantees will work collaboratively to achieve the goals of the program. AHRQ also awarded a 5-year contract for the CAHPS User Network to Westat.

In CAHPS1 and CAHPS2, the work focused on instrument development and testing. In CAHPS3, the grantees will focus on supporting the use of CAHPS surveys for both quality improvement and public reporting. Major effort will go into the development of quality improvement products based on CAHPS data, with an emphasis on the Clinician & Group Survey for the first two years of the grants. In future years, the grantees will undertake quality improvement projects using data from other CAHPS instruments.

CAHPS3 will see a much greater emphasis on reporting research and products, including updating of the *TalkingQuality* Web site ([www.talkingquality.gov](http://www.talkingquality.gov)) and the Report Card Compendium ([www.talkingquality.gov/compendium](http://www.talkingquality.gov/compendium)). The grantees will also conduct research investigating how consumers integrate cost, quality, and clinical information to select a physician, health plan, or hospital; tailoring reports for specific audiences; and designing and testing reports for quality improvement purposes (in addition to consumer choice).



## CAHPS products

### AHRQ Aims to Prepare Hospitals for Public Reporting of H-CAHPS Results

In March 2008, the Centers for Medicare & Medicaid Services (CMS) will begin reporting the results of the CAHPS Hospital Survey (H-CAHPS) on its Hospital Compare Web site ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)). This report will present quality measures based on data collected from hospitals across the country since October 2006.

This is the first time that standardized measures of patients' experiences with hospital care will be reported to the public. CMS anticipates that this report will be of high interest to the media, particularly since the survey-based quality measures touch on issues that are easily understandable and known to be important to health care consumers.

As the developer of the CAHPS Hospital Survey, the Agency for Healthcare Research and Quality (AHRQ) has started taking steps to support hospitals in understanding and interpreting their comparative results and presenting them to medical staff, hospital boards, and the press. Over the next 4 months, AHRQ will be creating a variety of materials that hospital leaders can use internally and externally to facilitate communications about the H-CAHPS survey and its results. These materials will be vetted with hospitals and other key stakeholders and disseminated through a number of different channels including AHRQ's CAHPS Web site ([www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)). Over time, AHRQ also plans to develop additional materials that will support hospitals in using the results of their surveys effectively to improve patients' experiences with care.

If you would like to comment on the information needs of hospitals vis-à-vis the H-CAHPS survey and its results, please contact us at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov).



## AHRQ Receives Special Award for H-CAHPS

On Tuesday, October 2, the Picker Institute presented a special award to AHRQ for the development of the CAHPS Hospital Survey (H-CAHPS) as an essential tool for promoting patient-centered care. AHRQ Director Carolyn Clancy accepted this award on behalf of the CAHPS Consortium, which includes the grantees, the CAHPS team at AHRQ, and colleagues at the Centers for Medicare & Medicaid Services, as well as the many stakeholders who contributed to this instrument. This was a special award because it is extremely unusual for the Picker Institute to give an award to a government organization. The award was presented at the annual meeting of the International Society for Quality in Health Care (ISQua).

## New Items Tackle Topics Important to Primary Care for Children

The new Child Primary Care Questionnaire, which is part of the CAHPS Clinician & Group Survey, was designed to be consistent with the Adult Primary Care Questionnaire. While that alignment has its benefits, the CAHPS Consortium is aware that one downside is that the current core instrument does not address some health care concerns that are especially salient for children. These include preventive care as well as several developmental issues.

In 2006, the Yale-Harvard Team received funding from the Commonwealth Fund to address this gap. Over the past year and a half, the team has been developing and testing a new set of items that can be added to the Child Primary Care Questionnaire so that sponsors can gather information on specific concerns that are unique to children. The development and testing process included:

- ✦ Compiling a pool of potential items.
- ✦ Conducting focus groups with English- and Spanish-speaking parents and guardians.
- ✦ Developing a draft survey with the new items.

- ✦ Conducting cognitive interviews in English and Spanish.
- ✦ Conducting a field test in Massachusetts.

In late summer 2007, the Yale-Harvard Team submitted these items to the CAHPS Consortium for consideration as new items in the Clinician & Group Survey. Based on some additional analysis, the team will soon provide the Consortium with a refined set of items that will be added to the Child Primary Care Questionnaire as optional questions.



## Topics Addressed by the New Pediatric Item Set

### Developmental Care:

- ✦ Talked about learning ability
- ✦ Talked about normal behaviors at this age
- ✦ Talked about how child's body is growing
- ✦ Talked about child's moods or emotions
- ✦ Talked about how child gets along with others

### Preventive Care:

- ✦ Talked about how to prevent injuries
- ✦ Doctor gave printed material about preventing injuries
- ✦ Talked about child's diet
- ✦ Talked about child's exercise
- ✦ Talked about household problems affecting child





## Pharmacy Quality Alliance to Propose New CAHPS Survey on Pharmacy Services

The need to assess and improve patients' experiences with health care services extends beyond the walls of hospitals and physician's offices. One area that currently lacks standardized measures of patient-centered care is pharmacy services. The Pharmacy Quality Alliance is working toward filling that gap by developing and supporting the adoption of a new CAHPS survey that focuses on experiences with pharmacists and pharmacy services. This survey is intended to be a stand-alone instrument that can be used by health plans, States, Medicare, and pharmacies to assess, report on, and improve the quality of services that pharmacies provide.

### What's the Pharmacy Quality Alliance?

The Pharmacy Quality Alliance is a multi-stakeholder group committed to improving the quality and safety of care at the pharmacy and pharmacist levels. This diverse alliance includes pharmacy practitioner organizations, payers, purchasers, quality organizations, Federal agencies, pharmaceutical companies, pharmacy benefits management companies, and associations. For a complete list and more information, go to [www.pqaalliance.org](http://www.pqaalliance.org).

### Context for the Survey Project

The development of a patient experience survey for pharmacy services is part of a comprehensive initiative by the Pharmacy Quality Alliance to achieve two goals:

- ♦ Develop and endorse a set of measures of pharmacy quality and
- ♦ Promulgate guidelines for reporting quality-related information to consumers, pharmacists, health plans, purchasers, and other decision makers.

Based on a review of available measures, the Pharmacy Quality Alliance identified a need for a measure of the patients' perspective on the quality of pharmacy services.

In 2006, the Pharmacy Quality Alliance charged its patient satisfaction committee with developing a survey that could be used for this purpose. After determining the key domains for a survey at this level, this committee awarded a grant to the American Institutes for Research (AIR), one of the CAHPS2 grantees, to develop, test, and prepare an instrument for submission to the Agency for Healthcare Research and Quality (AHRQ). The committee's goal is for this survey to be accepted by AHRQ's CAHPS Consortium as part of the CAHPS family of surveys.

### Development of the New Survey

Working with the Pharmacy Quality Alliance and partners at the University of North Carolina College of Pharmacy, AIR initiated the survey development process by reviewing the literature, existing sources of information on this topic, and existing instruments. Once they had developed a large pool of items, the researchers conducted focus groups in North Carolina and California to gather information on how consumers think about the quality of pharmacy services. Based on that input, the research team developed a draft version that was circulated among Pharmacy Quality Alliance members for feedback and used in cognitive testing with consumers.

After further refinements, a revised draft was prepared for pilot testing in late summer and fall of 2007. This draft covers several important domains of care, such as communication with pharmacists and other pharmacy staff, information and advice about medicines, availability of medications, and safety. The pilot test involves a variety of pharmacies, including retail and mail-order, and different populations, including Medicaid recipients. Depending on the results of the field test, the Pharmacy Quality Alliance hopes to submit a final survey to AHRQ in early 2008.

For more information about this initiative, contact Laura Cranston, R. Ph., Executive Director of the Pharmacy Quality Alliance, at [info@PQAalliance.org](mailto:info@PQAalliance.org).



## Surgical Societies Prepare CAHPS Survey for Patients

For the past 2 years or so, representatives of 20 specialty societies have been meeting as the Surgical Quality Alliance to educate each other on various health care quality issues, including the use of standardized measures for quality improvement and public reporting. As part of this initiative, these organizations decided to explore the possibility of using the new CAHPS Clinician & Group Survey to gather information on patients' experiences with surgical care.

### Current Options Don't Fit

Based on their review of the survey, the specialty society representatives concluded that the Adult Specialty Care Questionnaire, which is one of the three CAHPS Clinician & Group instruments, would not be appropriate or sufficient for surgical patients. Specifically, the instrument does not capture the differences between surgical care and primary/chronic care. The reference

period of 12 months, for example, does not apply to most surgical specialties and the instrument does not cover key quality domains unique to surgery, such as informed consent.

### Custom Fitting a CAHPS Survey

To address this issue, the Surgical Quality Alliance charged a workgroup with the task of developing a CAHPS-like instrument that could be used across a variety of surgical specialties. In the winter of 2007, this workgroup developed an initial set of domains that focused on the aspects of surgical care that patients are best able to report on (e.g., informed consent, communication and followup, and coordination of scheduling and preoperative testing). They then solicited funding from the various societies and issued a Request for Proposals in the spring.

This past summer, the workgroup hired the American Institutes for Research (AIR), a CAHPS2 grantee, and Westat, a contractor to AHRQ for the CAHPS program, to develop and field test an instrument for surgical patients. The AIR/Westat team is currently reviewing the literature and conducting initial qualitative research on the topic. They plan to have a draft of the instrument ready for field testing by the end of the year.



To learn more about this initiative, contact Elizabeth Hoy, Assistant Director for Regulatory Affairs and Quality Improvement Programs, Division of Advocacy and Health Policy, American College of Surgeons, at [ehoy@facs.org](mailto:ehoy@facs.org).



## CAHPS in action

The following article continues an international theme first presented in the June 2006 issue of *The CAHPS Connection*. That issue profiled three initiatives to adopt CAHPS surveys outside of the United States health care system: one in the Netherlands, the second in Japan, and the third in Korea. (To read that article, go to [www.cahps.ahrq.gov/content/CAHPSConnection/files/CAHPSConnectionVolume2Issue3.html#international](http://www.cahps.ahrq.gov/content/CAHPSConnection/files/CAHPSConnectionVolume2Issue3.html#international).)

In this issue, you can learn about the results of a successful implementation of the CAHPS Hospital Survey for a multinational project in Europe.

### CAHPS Hospital Survey Crosses the Atlantic

The CAHPS Hospital Survey (H-CAHPS) is suitable for use in European countries, according to a three-country test recently concluded in the Euroregion Maas-Rhine, which includes Germany, Belgium, and the Netherlands. This test was conducted as part of Euregio, a broad set of cross-border health care activities in the European Union.

To learn more about Euregio, go to [www.euregio.nrw.de/index.html](http://www.euregio.nrw.de/index.html).

Cross-border health care is a well developed and important aspect of health care delivery for the 3.7 million inhabitants of the Maas-Rhine area. The H-CAHPS study focused on comparing patient evaluations and experiences with three university hospitals in the region, in Aachen (Germany), Liege (Belgium), and Maastricht (the Netherlands).

The study ran from October 2005 until November 2006, although it was extended to March 2007 in two locations. The CAHPS questionnaire was translated into German, French, and Dutch and linguistically

validated by the MAPI Research Institute of Lyon, France. Over 10,000 questionnaires were distributed and more than 3,200 were returned, for a response rate of approximately 30 percent.

### Positive Findings

The results of the comparative study showed good acceptance of the questionnaire among patients in all three university hospitals and positive overall ratings of hospital care in the three countries. A direct comparison of survey results from Europe and the United States showed similarities in patients' perceptions of their hospital stay.

One indicator of a useful performance measure is whether it distinguishes among organizations. The H-CAHPS survey asks patients to rate "the care you got from all the nurses who treated you" on a 0 to 10 rating scale, where 0 is the worse possible care and 10 is the best possible care. A majority of patients at all three university hospitals rated their nursing care highly (9 or 10 out of 10). But the percentages varied, with Maastricht at 55.6 percent, Liege at 72.7 percent, and Aachen at 64.8 percent. Other results varied by question, with the European hospitals sometimes scoring higher than those in the United States, and sometimes lower.

### Next Steps

Discussions are underway about using the CAHPS Hospital Survey more broadly in the European context. No decision has been reached, but since the instrument has been translated into multiple languages, including Dutch, French, and German, it is regarded as highly usable in a multilingual/multicultural environment such as the Euroregion Maas-Rhine.

To learn more about this study, contact the study coordinator: Dr. med. Angela Spelsberg, S.M., Tumorzentrum Aachen, Euregional Center for Quality Assurance, at [spelsberg@tuzac.de](mailto:spelsberg@tuzac.de).



## CAHPS 101

### Implications of Adapting CAHPS Surveys

Over the years, various organizations have asked the CAHPS Consortium whether they are allowed to make changes to a CAHPS survey. The answer is “yes” – but there are some important caveats.

#### Customizing a CAHPS Survey

All CAHPS surveys are designed to achieve two important goals:

- ♦ Standardization, through the use of a core set of items that all survey sponsors use, and
- ♦ Customization, through the use of optional supplemental items that sponsors can use to gather whatever additional information they may need.

If you would like to customize a CAHPS survey to meet needs unique to your organization, your patient population, or your market, feel free to use the supplemental items (and placement instructions) developed by the CAHPS Consortium or any other items you may need.

But please do not change or delete the items in the core questionnaire. If you change those items, you will not be able to compare the results of your questionnaire to those of other similar organizations or to benchmarks developed by the National CAHPS Benchmarking Database. The successful use of composite measures for reporting purposes depends on everyone fielding the same items.

Moreover, if you change any of the core items, you cannot use the trademarked CAHPS name when referring to the instrument you administered. While you are not required to refer to CAHPS in materials you produce, the CAHPS name can help to communicate the scientific rigor and evidence base that went into the development of your questionnaire.

### Developing New Surveys

In some cases, organizations have asked AHRQ and the CAHPS Consortium whether they can adapt a CAHPS survey in order to use it in a different setting or for a different kind of provider. The survey for surgical patients discussed in this issue, for example, is to a large extent an adaptation of the Clinician & Group Survey.

In these cases, AHRQ encourages outside organizations to fund the development of a survey using a process similar to that of the CAHPS Consortium. Once the survey has been tested in the field, organizations are welcome to submit the instrument with documentation of testing and psychometric results to AHRQ, which works with the Consortium to determine whether to accept the instrument as part of the CAHPS family of surveys. For more information about the submission process, please contact [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov).

### CAHPS vs. CAPS

As you know, the Consumer Assessment of Healthcare Providers and Systems, or CAHPS, is a federally funded program to develop surveys of patients' experiences with care and to promote the use of that information to inform consumers and improve health care quality.

If you pay attention to both quality and safety issues, particularly at the hospital level, you may have come across a worthy organization known as Consumers Advancing Patient Safety, or CAPS. Founded by consumers who had bad experiences with patient safety in the hospital setting, CAPS is a nonprofit organization dedicated to supporting patients, their families, and their providers in improving the safety of inpatient care.

As the key government agency dedicated to assessing and improving patient safety, AHRQ certainly applauds the work that CAPS does. However, although the acronyms are similar and the goals are certainly aligned, there is no relationship between the CAHPS program and the private CAPS initiative.

- ♦ To learn more about the CAHPS program, go to [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov).
- ♦ To learn more about CAPS, go to [www.patientsafety.org](http://www.patientsafety.org).
- ♦ To learn about AHRQ's patient safety initiatives, go to [www.ahrq.gov/qual/errorsix.htm](http://www.ahrq.gov/qual/errorsix.htm).





## CAHPS Database news

This section of *The CAHPS Connection* provides updates on the activities and products of the National CAHPS Benchmarking Database (the CAHPS Database).

### health plan survey database

#### Availability of 2007 Health Plan Survey Results

Medicaid sponsor reports were prepared and distributed in September for 14 State agencies and 14 individual health plans. These reports compare the sponsor's Health Plan Survey results to national, regional, and plan type benchmarks after case-mix adjusting for respondent age, education, and self-reported health status. Comparative results were presented for four different survey versions: Adult Medicaid 3.0, Child Medicaid 3.0 without chronic conditions, Child Medicaid 3.0 with chronic conditions, and Child Medicaid 4.0 without chronic conditions.

#### 2007 Chartbook Will Be Released in November

This year's Health Plan Survey Chartbook will be released in November to coincide with the Centers for Medicare & Medicaid Services (CMS) schedule for publishing its 2007 results for consumers on its health plan comparison Web site ([www.medicare.gov](http://www.medicare.gov)). The 2007 Chartbook will present CAHPS Health Plan Survey 4.0 results for the adult commercial, adult and child Medicaid, and Medicare Managed Care sectors. Results for the child Medicaid population using the 3.0 version of the CAHPS Health Plan Survey will be presented separately, since results from the 4.0 and 3.0 versions of the Health Plan Survey are not directly comparable.

#### 2007 Research Data Files Now Available

Research files for the 2007 commercial and Medicaid health plan data are now available. Researchers are invited to submit proposals for using these data files by following the application process described at:



[www.cahps.ahrq.gov/content/ncbd/GEN/NCBD\\_GEN\\_InfoForResearchers.asp?p=105&s=54](http://www.cahps.ahrq.gov/content/ncbd/GEN/NCBD_GEN_InfoForResearchers.asp?p=105&s=54).

#### 2008 Submission Requirements and Key Dates

The CAHPS Database will accept the following survey versions from Medicaid and State Children's Health Insurance Program (SCHIP) sponsors wishing to participate in the 2008 CAHPS Health Plan Survey Database:

- ✦ 4.0 or 4.0H for Medicaid adult populations.
- ✦ 4.0 for Medicaid and SCHIP child populations without chronic conditions.
- ✦ 4.0 for Medicaid and SCHIP child populations with chronic conditions.

You can submit survey data collected during the 4th quarter of 2007 through the first two quarters of 2008 (October 2007 through June 2008). The deadline for submission is June 27, 2008. Submission training will be offered through conference-call supported webinars in the spring of 2008. Submission specifications and other information will be available on the CAHPS Database Web site early next year.

### hospital survey database

#### 2007 CAHPS Hospital Survey Percentile Scores

Percentile scores for the CAHPS Hospital Survey (H-CAHPS) results reported in the May 2007 CAHPS Hospital Survey Chartbook are now available. These results were compiled from data voluntarily



submitted in 2006 by 927 hospitals representing a total of 190,690 respondents. Along with the Chartbook, the percentile scores are intended for use by hospitals and their vendors for comparison to their own results prior to the public reporting of H-CAHPS by the Centers for Medicare & Medicaid Services (CMS) in March of 2008.

Three sets of percentile scores were compiled based on results for

- All hospitals.
- Hospitals using the “mail only” survey mode of administration.
- Hospitals using the “telephone only” mode of survey administration.

All results are case-mix adjusted. Adjustments for mode of survey administration were made according

to the methodology published by CMS in December 2006, which uses “mail only” as the reference mode.

The percentile scores were compiled in memo form and distributed to hospitals and vendors that contributed H-CAHPS data. To request a copy of the memo, contact the CAHPS Database at [ncbd1@ahrq.gov](mailto:ncbd1@ahrq.gov).

### CAHPS Database Contact Information

- E-mail: [ncbd1@ahrq.gov](mailto:ncbd1@ahrq.gov)
- Web: [www.cahps.ahrq.gov/content/ncbd/ncbd\\_intro.asp](http://www.cahps.ahrq.gov/content/ncbd/ncbd_intro.asp)
- Phone: 1-888-808-7108
- Mail: CAHPS Database, Room RA 1157,  
1650 Research Blvd., Rockville, MD 20850

## comments or questions?

The CAHPS User Network welcomes your comments and questions. Please contact us:

- E-mail: [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov)
- Phone: 1-800-492-9261

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